1_		Епе	ctive Oct	ober 1, 20	JU3-				iol	80	72	20
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1	TOTAL CLAIMS		1			(Column 2)		RATE		OR 7		ENTIT
╟,	FOR		AH IMBI	ER FILED	NUMBE	O EVTDA	┪┝	SIC FEE	FEE 385.00	-	RATE	FEE
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Ľ	AULTIPLE DEPI	ENDENT CLAIM	PRESENT					145=		OR	+290=	
•	If the difference	ce in column 1 i	s less than	zero, enter	"0" in co	lumn 2	. <u>L</u>	OTAL		OR		
		CLAIMS AS	AMENDE	ED - PART	T II		•	O 1712		1 0"	OTHER	. ـــبا
<u> </u>		(Column 1)		(Column 2) (Column 3)			S	MALL	ENTITY	OR	SMALL	
N V		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL		RATE	ADDI TION/
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ENT B					ST ER I	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	
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Application or Docket Number